

10/10/2017

DOCUMENT ID 201728201146

DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)

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Receipt

This is not a bill. Please do not remit payment.

COSTA D. MASTROS, ATTORNEY AT LAW **PO BOX 608** STEUBENVILLE, OH 43952

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 4080899

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

APPLIANCE DEPOT, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC FOR PROFIT CORP - ARTICLES

201728201146

Effective Date: 10/09/2017



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of October, A.D. 2017.

Jon Hustel **Ohio Secretary of State** Form 532A Prescribed by:



Date Electronically Filed: 10/9/2017

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path

Initial Articles of Incorporation

(For Profit, Domestic Corporation)
Filing Fee: \$99
(113 - ARF)
Form Must Be Typed

First:	Name of Corporation Appliance Depot, Inc.					
		(Name must include the following wo company, co., corporation, corp., inc				
Second:	Location of Principal Office in Ohio					
		STEUBENVILLE				
	City					
	JEFFERSON					
	County					
Optional: Third:	Effective Date (MM/DD/YYYY) 10/9/2017 (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.) The number of shares which the corporation is authorized to have outstanding. (Please state if shares are common or preferred and their par value, if any.)					
	1000	COMMON				
	Number of Shares	Type of Shares	Par Value of Shares			
Fourth:						
** Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **						

Original Appointment of Statutory Agent						
The undersigned, be	eing	at least a majority of the incorporators of				
Appliance Depot,	Inc.					
		(Name of Corporation)				
		owing to be Statutory Agent upon whom any process, notic oon the corporation may be served. The complete address o		iired or permitted by		
GEORGE MI	ICHA	EL RILEY				
(Name of Statut	ory Aç	gent)				
12900 LAKE	AVE	<u> </u>				
(Mailing Address	s)					
LAKEWOOD)		ОН	44107		
(Mailing City)			(Mailing State)	(Mailing ZIP Code)		
Must be signed by	,					
the incorporators		COSTA D. MASTROS,ESQ				
a majority of the incorporators.		(Signature)				
		(Signature)				
		(Signature)				
		Acceptance of Appointment				
The Undersigned,	GE	ORGE MICHAEL RILEY		, named herein as the		
-	(Na	me of Statutory Agent)				
Statutory agent for	Ар	pliance Depot, Inc.				
	(Na	me of Corporation)				
hereby acknowledge	es aı	nd accepts the appointment of statutory agent for said corpo	oration.			
Statutory Agent Sig	natuı	GEORGE MICHAEL RILEY				
		(Individual Agent's Signature / Signature on Behalf of Business Serving	g as Agent)			

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.						
Required	COSTA D. MASTROS,ESQ					
Articles and original appointment of agent must	Signature					
be signed by the incorporator(s).	AUTHORIZED REPRESENTATIVE					
If the incorporator is an individual, then they must sign in the "signature" box and print his/her name	By (if applicable)					
in the "Print Name" box.	Print Name					
If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.	Signature By (if applicable) Print Name					
	Signature By (if applicable) Print Name					